

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

PATRIOT VOICES PAC

ADDRESS (number and street) ▼

315 Foxtail Lane

☐ Check if different than previously reported. (ACC)

Spring City

PA

19475

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00528307

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☒ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

MO

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y
06 24 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nadine Maenza

Signature of Treasurer

Nadine Maenza

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 03 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PATRIOT VOICES PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
06 / 24 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		294498.82
(b) Cash on Hand at Beginning of Reporting Period.....	294498.82	
(c) Total Receipts (from Line 19)	268806.11	268806.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	563304.93	563304.93
7. Total Disbursements (from Line 31)	526849.85	526849.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36455.08	36455.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	25158.02	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PATRIOT VOICES PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y
 06 / 24 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10000.00

10000.00

(ii) Unitemized

1512.00

1512.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

11512.00

11512.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

11512.00

11512.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

159.08

159.08

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

257135.03

257135.03

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

268806.11

268806.11

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

268806.11

268806.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	36297.62	36297.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	36297.62	36297.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	9749.65	9749.65
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	20.00	20.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	20.00	20.00
29. Other Disbursements	480782.58	480782.58
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	526849.85	526849.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	526849.85	526849.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11512.00	11512.00
34. Total Contribution Refunds (from Line 28(d))	20.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11492.00	11492.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	36297.62	36297.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	159.08	159.08
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	36138.54	36138.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. H. H. FROST

Mailing Address **11615 VERSAILLES LAKES LANE**

City State Zip Code
HOUSTON TX 77082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

05 / 15 / 2013

Transaction ID : SA11.45288

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. KATHALEEN WALL

Mailing Address **11615 VERSAILLES LAKE LANE**

City State Zip Code
HOUSTON TX 77082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED VOLUNTEER

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

05 / 15 / 2013

Transaction ID : SA11.45287

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

10000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 74
(check only one)

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. INTUIT Full Name (Last, First, Middle Initial) Mailing Address 2632 MARINE WAY City State Zip Code MOUNTAIN VIEW CA 94043 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="0.00"/>		Date of Receipt <input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/> Transaction ID : SA15.I025 Amount of Each Receipt this Period <input type="text" value="159.08"/> VENDOR REFUND
B. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Amount of Each Receipt this Period <input type="text"/>
C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Amount of Each Receipt this Period <input type="text"/>
SUBTOTAL of Receipts This Page (optional)..... ▶		<input type="text" value="159.08"/>
TOTAL This Period (last page this line number only)..... ▶		<input type="text" value="159.08"/>

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. HENRY M. BUHL			Date of Receipt <div> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>02 / 21 / 2013</div> </div>	
Mailing Address 114 GREENE ST			Transaction ID : SA11.42795	
City NEW YORK	State NY	Zip Code 10012	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>			CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
Full Name (Last, First, Middle Initial) B. MS. MARGARET COWAN			Date of Receipt <div> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>01 / 17 / 2013</div> </div>	
Mailing Address 85 HELEN ST.			Transaction ID : SA11.26072	
City FANWOOD	State NJ	Zip Code 07023-1539	Amount of Each Receipt this Period <div> <div>350.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>			CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>350.00</div> </div>		
Full Name (Last, First, Middle Initial) C. MRS. WILMA M. EDWARDS			Date of Receipt <div> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>01 / 25 / 2013</div> </div>	
Mailing Address P.O. BOX 2948			Transaction ID : SA11.26054	
City DEL MAR	State CA	Zip Code 92014	Amount of Each Receipt this Period <div> <div>200.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>			CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>400.00</div> </div>		
SUBTOTAL of Receipts This Page (optional)..... ▶			<div> <div>800.00</div> </div>	
TOTAL This Period (last page this line number only)..... ▶			<div> <div></div> </div>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

<p>Full Name (Last, First, Middle Initial) A. MRS. WILMA M. EDWARDS</p> <p>Mailing Address P.O. BOX 2948</p> <p>City State Zip Code DEL MAR CA 92014</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 19 / 2013 Transaction ID : SA11.45013</p> <p>Amount of Each Receipt this Period 100.00</p> <p>CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p>Full Name (Last, First, Middle Initial) B. MRS. WILMA M. EDWARDS</p> <p>Mailing Address P.O. BOX 2948</p> <p>City State Zip Code DEL MAR CA 92014</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2013 Transaction ID : SA11.45022</p> <p>Amount of Each Receipt this Period 100.00</p> <p>CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p>Full Name (Last, First, Middle Initial) C. MR. ROBERT D. FISHER</p> <p>Mailing Address 727 S FLORIDA AVE</p> <p>City State Zip Code DELAND FL 32720</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2013 Transaction ID : SA11.44416</p> <p>Amount of Each Receipt this Period 500.00</p> <p>CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			700.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MR. ROBERT D. FISHER

Mailing Address 727 S FLORIDA AVE

City State Zip Code
 DELAND FL 32720

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 17 / 2013

Transaction ID : SA11.44994

Amount of Each Receipt this Period

100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. H. H. FROST

Mailing Address 11615 VERSAILLES LAKES LANE

City State Zip Code
 HOUSTON TX 77082

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

05 / 15 / 2013

Transaction ID : SA11.45290

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. GARY GATES

Mailing Address P.O. BOX 457

City State Zip Code
 AT. HELENA CA 94574-0457

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 16 / 2013

Transaction ID : SA11.15615

Amount of Each Receipt this Period

50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. GARY GATES

Mailing Address P.O. BOX 457

City State Zip Code
 AT. HELENA CA 94574-0457

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 16 / 2013

Transaction ID : SA11.22946

Amount of Each Receipt this Period

50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. GARY GATES

Mailing Address P.O. BOX 457

City State Zip Code
 AT. HELENA CA 94574-0457

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 16 / 2013

Transaction ID : SA11.29312

Amount of Each Receipt this Period

50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. GARY GATES

Mailing Address P.O. BOX 457

City State Zip Code
 AT. HELENA CA 94574-0457

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 16 / 2013

Transaction ID : SA11.33528

Amount of Each Receipt this Period

50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 74
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. GARY GATES			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>05 / 16 / 2013</div> </div>	
Mailing Address P.O. BOX 457			Transaction ID : SA11.37560	
City AT. HELENA	State CA	Zip Code 94574-0457	Amount of Each Receipt this Period <div> <div>300.00</div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. C		CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>300.00</div> <div>300.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) B. GARY GATES			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 16 / 2013</div> </div>	
Mailing Address P.O. BOX 457			Transaction ID : SA11.39947	
City AT. HELENA	State CA	Zip Code 94574-0457	Amount of Each Receipt this Period <div> <div>300.00</div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. C		CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>300.00</div> <div>300.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) C. MS. SHIRLEY HENDERSON			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>02 / 20 / 2013</div> </div>	
Mailing Address P.O. BOX 787			Transaction ID : SA11.42734	
City BEAVERCREEK	State OR	Zip Code 97004	Amount of Each Receipt this Period <div> <div>250.00</div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> <div>250.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MS. SHIRLEY HENDERSON

Mailing Address P.O. BOX 787

City State Zip Code
BEAVERCREEK OR 97004

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 04 2013

Transaction ID : SA11.43457

Amount of Each Receipt this Period

100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. MS. SHIRLEY HENDERSON

Mailing Address P.O. BOX 787

City State Zip Code
BEAVERCREEK OR 97004

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 03 2013

Transaction ID : SA11.44953

Amount of Each Receipt this Period

50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. MR. ROLLA R. HINKLE III

Mailing Address 1213 W 3RD ST

City State Zip Code
ROSWELL NM 88201

FEC ID number of contributing
federal political committee.

C

Name of Employer

HINKLE OIL AND GAS

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 14 2013

Transaction ID : SA11.43210

Amount of Each Receipt this Period

400.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MR. ROLAND W. HINNERS

Mailing Address 4808 STAGECOACH RD.

City State Zip Code
 ELLENWOOD GA 30294-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 02 2013

Transaction ID : SA11.26071

Amount of Each Receipt this Period

250.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. DR. ROBERT S. MARTINO

Mailing Address 22 OAK DR

City State Zip Code
 CHESTERTON IN 46304-1016

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 24 2013

Transaction ID : SA11.26058

Amount of Each Receipt this Period

200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. DR. ROBERT S. MARTINO

Mailing Address 22 OAK DR

City State Zip Code
 CHESTERTON IN 46304-1016

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 05 2013

Transaction ID : SA11.43462

Amount of Each Receipt this Period

200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MRS. MARIE D MASTERS			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>01 / 22 / 2013</div> </div>	
Mailing Address P.O. BOX 302			Transaction ID : SA11.25911	
City WEBSTER	State WI	Zip Code 54893-0302	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>			CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
Full Name (Last, First, Middle Initial) B. MRS. MARIE D MASTERS			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>02 / 14 / 2013</div> </div>	
Mailing Address P.O. BOX 302			Transaction ID : SA11.43247	
City WEBSTER	State WI	Zip Code 54893-0302	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>			CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
Full Name (Last, First, Middle Initial) C. MRS. MARIE D MASTERS			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 05 / 2013</div> </div>	
Mailing Address P.O. BOX 302			Transaction ID : SA11.44485	
City WEBSTER	State WI	Zip Code 54893-0302	Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>			CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
SUBTOTAL of Receipts This Page (optional)..... ▶			<div> <div>250.00</div> </div>	
TOTAL This Period (last page this line number only)..... ▶			<div> <div></div> </div>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. MR JOHN A PERRA

Mailing Address 898 LARSON DR

City
 ZUMBROTA

State Zip Code
 MN 55992-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 08 / 2013

Transaction ID : SA11.25946

Amount of Each Receipt this Period

100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. MR JOHN A PERRA

Mailing Address 898 LARSON DR

City
 ZUMBROTA

State Zip Code
 MN 55992-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 22 / 2013

Transaction ID : SA11.25947

Amount of Each Receipt this Period

100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. MR JOHN A PERRA

Mailing Address 898 LARSON DR

City
 ZUMBROTA

State Zip Code
 MN 55992-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2013

Transaction ID : SA11.45004

Amount of Each Receipt this Period

100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

<p>Full Name (Last, First, Middle Initial) A. LUNSFORD RICHARDSON</p> <p>Mailing Address 4100 WELL SPRING DR UNIT 1120</p> <p>City Greensboro State NC Zip Code 27410</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 11 / 2013</p> <p>Transaction ID : SA11.42269</p> <p>Amount of Each Receipt this Period 200.00</p> <p>CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p>Full Name (Last, First, Middle Initial) B. LUNSFORD RICHARDSON</p> <p>Mailing Address 4100 WELL SPRING DR UNIT 1120</p> <p>City Greensboro State NC Zip Code 27410</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 05 / 2013</p> <p>Transaction ID : SA11.44408</p> <p>Amount of Each Receipt this Period 200.00</p> <p>CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p>Full Name (Last, First, Middle Initial) C. H JAMES RIPPON</p> <p>Mailing Address P.O. BOX 750</p> <p>City HUMMELSTOWN State PA Zip Code 17036-0750</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SELF EMPLOYED Occupation SALES</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 18 / 2013</p> <p>Transaction ID : SA11.26073</p> <p>Amount of Each Receipt this Period 500.00</p> <p>CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>900.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MS. MARGARET M. RUSKIN

Mailing Address 333 E CARIBBEAN LN

City State Zip Code
 PHOENIX AZ 85022-3637

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / **17** / **2013**

Transaction ID : SA11.25638

Amount of Each Receipt this Period

50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. MS. MARGARET M. RUSKIN

Mailing Address 333 E CARIBBEAN LN

City State Zip Code
 PHOENIX AZ 85022-3637

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / **05** / **2013**

Transaction ID : SA11.44409

Amount of Each Receipt this Period

200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. MR. HENRY SCHOLTEN

Mailing Address 7166 WISER SHORE LN

City State Zip Code
 LYNDEN WA 98264-9638

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / **22** / **2013**

Transaction ID : SA11.25979

Amount of Each Receipt this Period

100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. HENRY SCHOLTEN Full Name (Last, First, Middle Initial) Mailing Address 7166 WISER SHORE LN City LYNDEN State WA Zip Code 98264-9638 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2013 Transaction ID : SA11.44734 Amount of Each Receipt this Period 50.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
B. MR. HENRY SCHOLTEN Full Name (Last, First, Middle Initial) Mailing Address 7166 WISER SHORE LN City LYNDEN State WA Zip Code 98264-9638 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2013 Transaction ID : SA11.45006 Amount of Each Receipt this Period 100.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
C. MR. JEFFREY STEINKAMP Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 98 City ROCHESTER State VT Zip Code 05767-0098 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 01 / 10 / 2013 Transaction ID : SA11.26074 Amount of Each Receipt this Period 1000.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
SUBTOTAL of Receipts This Page (optional)..... ▶		1150.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. ED TOUNEY Full Name (Last, First, Middle Initial) Mailing Address 1911 N 17TH ST City FORT DODGE State IA Zip Code 50501 FEC ID number of contributing federal political committee. C Name of Employer UNITY POINT HEATHCARE Occupation HAIR STYLIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 10 / 2013 Transaction ID : SA11.43590 Amount of Each Receipt this Period 50.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
B. MR. ED TOUNEY Full Name (Last, First, Middle Initial) Mailing Address 1911 N 17TH ST City FORT DODGE State IA Zip Code 50501 FEC ID number of contributing federal political committee. C Name of Employer UNITY POINT HEATHCARE Occupation HAIR STYLIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2013 Transaction ID : SA11.44414 Amount of Each Receipt this Period 250.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
C. KATHALEEN WALL Full Name (Last, First, Middle Initial) Mailing Address 11615 VERSAILLES LAKE LANE City HOUSTON State TX Zip Code 77082 FEC ID number of contributing federal political committee. C Name of Employer SELF EMPLOYED Occupation VOLUNTEER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 20000.00			Date of Receipt M M / D D / Y Y Y Y Y 05 / 15 / 2013 Transaction ID : SA11.45289 Amount of Each Receipt this Period 20000.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
SUBTOTAL of Receipts This Page (optional)..... ▶			20300.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

<p>Full Name (Last, First, Middle Initial) A. MRS. SANDY WATERFIELD</p> <p>Mailing Address P.O. BOX 447</p> <p>City State Zip Code CANADIAN TX 79014</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 550.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 07 / 2013 Transaction ID : SA11.43060</p> <p>Amount of Each Receipt this Period 50.00</p> <p>CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>
<p>Full Name (Last, First, Middle Initial) B. MRS. SANDY WATERFIELD</p> <p>Mailing Address P.O. BOX 447</p> <p>City State Zip Code CANADIAN TX 79014</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 550.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 13 / 2013 Transaction ID : SA11.44415</p> <p>Amount of Each Receipt this Period 500.00</p> <p>CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>
<p>Full Name (Last, First, Middle Initial) C. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT</p> <p>Mailing Address 315 FOXTAIL LANE</p> <p>City State Zip Code SPRING CITY PA 19475</p> <p>FEC ID number of contributing federal political committee. C C00528307</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 27500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 17 / 2013 Transaction ID : SA11.426921</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>PAC LIST EXPENSE</p> <p>NON CONTRIBUTION ACCOUNT</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>		<p>5550.00</p>

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT

Mailing Address 315 FOXTAIL LANE

City State Zip Code
SPRING CITY PA 19475

FEC ID number of contributing
federal political committee.

C C00528307

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27500.00

Date of Receipt

01 / **18** / **2013**

Transaction ID : SA11.426922

Amount of Each Receipt this Period

5000.00

PAC LIST EXPENSE

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT

Mailing Address 315 FOXTAIL LANE

City State Zip Code
SPRING CITY PA 19475

FEC ID number of contributing
federal political committee.

C C00528307

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27500.00

Date of Receipt

02 / **13** / **2013**

Transaction ID : SA11.426923

Amount of Each Receipt this Period

5000.00

PAC LIST EXPENSE

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT

Mailing Address 315 FOXTAIL LANE

City State Zip Code
SPRING CITY PA 19475

FEC ID number of contributing
federal political committee.

C C00528307

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27500.00

Date of Receipt

03 / **15** / **2013**

Transaction ID : SA11.426924

Amount of Each Receipt this Period

5000.00

PAC LIST EXPENSE

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

Mailing Address 315 FOXTAIL LANE

City State Zip Code
 SPRING CITY PA 19475

FEC ID number of contributing
federal political committee.

C C00528307

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27500.00

Date of Receipt

04 / **16** / **2013**

Transaction ID : SA11.426925

Amount of Each Receipt this Period

2500.00

PAC LIST EXPENSE

NON CONTRIBUTION ACCOUNT

B. PATRIOT VOICES PAC CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

Mailing Address 315 FOXTAIL LANE

City State Zip Code
 SPRING CITY PA 19475

FEC ID number of contributing
federal political committee.

C C00528307

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27500.00

Date of Receipt

05 / **29** / **2013**

Transaction ID : SA11.426926

Amount of Each Receipt this Period

5000.00

PAC LIST EXPENSE

NON CONTRIBUTION ACCOUNT

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

74500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 17 2013**Transaction ID : SB21B.I286**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 13 2013**Transaction ID : SB21B.I290**

Amount of Each Disbursement this Period

8.00

Full Name (Last, First, Middle Initial)

C. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 15 2013**Transaction ID : SB21B.I293**

Amount of Each Disbursement this Period

6.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

34.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 74

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 29 2013

Transaction ID : SB21B.I296

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 14 2013

Transaction ID : SB21B.I298

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
PAC DATABASE SERVICES/CAGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 10 2013

Transaction ID : SB21B.I284

Amount of Each Disbursement this Period

477.40

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

547.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043Purpose of Disbursement
PAC DATABASE SERVICES/CAGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2013

Transaction ID : SB21B.I288

Amount of Each Disbursement this Period

6.40

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043Purpose of Disbursement
PAC DATABASE SERVICES/CAGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2013

Transaction ID : SB21B.I292

Amount of Each Disbursement this Period

0.93

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043Purpose of Disbursement
PAC DATABASE SERVICES/CAGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2013

Transaction ID : SB21B.I299

Amount of Each Disbursement this Period

3.13

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10.46

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. COLON & COMPANYMailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77026

Purpose of Disbursement
PAC POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SB21B.I295

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. ELAVON MERCHANT SERVICESMailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y
01 / 02 / 2013

Transaction ID : SB21B.I301

Amount of Each Disbursement this Period

54.00

Full Name (Last, First, Middle Initial)

C. ELAVON MERCHANT SERVICESMailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y
02 / 04 / 2013

Transaction ID : SB21B.I304

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1604.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANT SERVICESMailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
06 03 2013

Transaction ID : SB21B.I317

Amount of Each Disbursement this Period

52.63

Full Name (Last, First, Middle Initial)

B. FOLEY & LARDNERMailing Address 3000 K STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
PAC LEGAL SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
01 30 2013

Transaction ID : SB21B.I287

Amount of Each Disbursement this Period

3360.00

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
PAC SOFTWARE/DATABASE SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
02 25 2013

Transaction ID : SB21B.I305

Amount of Each Disbursement this Period

973.75

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4386.38

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. INTUIT

Mailing Address 2632 MARINE WAY

City	State	Zip Code
MOUNTAIN VIEW	CA	94043

Transaction ID : SB21B.I306

Purpose of Disbursement
PAC SOFTWARE/DATABASE SERVICES

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

274.95

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

B. INTUIT

Date of Disbursement

Mailing Address 2632 MARINE WAY

City	State	Zip Code
MOUNTAIN VIEW	CA	94043

Transaction ID : SB21B.I309

Purpose of Disbursement
PAC SOFTWARE/DATABASE SERVICES

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

109.98

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District: 00

C. INTUIT

Date of Disbursement

Mailing Address 2632 MARINE WAY

M M / D D / Y Y Y Y
04 26 2013

City	State	Zip Code
MOUNTAIN VIEW	CA	94043

Transaction ID : SB21B.I312

Purpose of Disbursement	PAC SOFTWARE/DATABASE SERVICES
-------------------------	--------------------------------

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

109.98

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

494.91

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
PAC SOFTWARE/DATABASE SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 28 2013

Transaction ID : SB21B.I315

Amount of Each Disbursement this Period

109.98

Full Name (Last, First, Middle Initial)

B. KOCH & HOOS LLCMailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING/COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 13 2013

Transaction ID : SB21B.I289

Amount of Each Disbursement this Period

29.37

Full Name (Last, First, Middle Initial)

C. KOCH & HOOS LLCMailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING/COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 15 2013

Transaction ID : SB21B.I291

Amount of Each Disbursement this Period

8.31

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

147.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 74

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. KOCH & HOOS LLCMailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING/COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SB21B.I297

Amount of Each Disbursement this Period

17.69

Full Name (Last, First, Middle Initial)

B. KOCH & HOOS LLCMailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING/COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2013

Transaction ID : SB21B.I300

Amount of Each Disbursement this Period

586.19

Full Name (Last, First, Middle Initial)

C. PATRIOT VOICES, INC.

Mailing Address P.O. BOX 247

City VERONA State PA Zip Code 15147

Purpose of Disbursement
TRAVEL/AIRFARE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SB21B.I294

Amount of Each Disbursement this Period

321.30

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

925.18

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		02		2013

Transaction ID : SB21B.I302

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2013

Transaction ID : SB21B.I303

Amount of Each Disbursement this Period

36.00

Full Name (Last, First, Middle Initial)

C. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2013

Transaction ID : SB21B.I307

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

86.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District: 00

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2013

Transaction ID : SB21B.I310

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District: 00

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2013

Transaction ID : SB21B.I313

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District: 00

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2013

Transaction ID : SB21B.I316

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. SUNRISE DATA SERVICES

Mailing Address 44845 FALCON PLACE

City DULLES State VA Zip Code 20166

Purpose of Disbursement
PAC LIST SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 10 / 2013

Transaction ID : SB21B.I285

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

B. US POSTAL SERVICE

Mailing Address 900 BRENTWOOD ROAD, NW

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement
PAC POSTAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 07 / 2013

Transaction ID : SB21B.I283

Amount of Each Disbursement this Period

165.00

Full Name (Last, First, Middle Initial)

C. PATRIOT VOICES PAC NON-CONTRIB ACCOUNT

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 17 / 2013

Transaction ID : SB21B.I28600

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5255.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PATRIOT VOICES PAC NON-CONTRIB ACCOUNT

Mailing Address 315 FOXTAIL LANE

City	State	Zip Code
SPRING CITY	PA	19475

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District: 00

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	18	/	2013

Transaction ID : SB21B.I28601

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PATRIOT VOICES PAC NON-CONTRIB ACCOUNT

Mailing Address 315 FOXTAIL LANE

City	State	Zip Code
SPRING CITY	PA	19475

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District: 00

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	13	/	2013

Transaction ID : SB21B.I28602

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PATRIOT VOICES PAC NON-CONTRIB ACCOUNT

Mailing Address 315 FOXTAIL LANE

City	State	Zip Code
SPRING CITY	PA	19475

Purpose of Disbursement
PAC LIST EXPENSE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District: 00

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2013

Transaction ID : SB21B.I28603

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. PATRIOT VOICES PAC NON-CONTRIB ACCOUNT

Category/
Type

2500.00

State: District: 00

B. PATRIOT VOICES PAC NON-CONTRIB ACCOUNT

MM / DD / YYYY

Category/
Type

5000.00

State: District: 00

C.	Date of Disbursement
----	----------------------

Category/
Type

State: District:

7500.00

36297.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT CURTIS BOSTIC

Mailing Address 834 WAPPOO ROAD

City	State	Zip Code
CHARLESTON	SC	29407

Purpose of Disbursement
INKIND CONTRIBUTION:TRAVEL

Candidate Name

Curtis BosticOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: SC District: 01

Special Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2013

Transaction ID : SB23.I275

Amount of Each Disbursement this Period

321.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT CURTIS BOSTIC

Mailing Address 834 WAPPOO ROAD

City	State	Zip Code
CHARLESTON	SC	29497

Purpose of Disbursement
INKIND CONTRIBUTION:EMAILS

Candidate Name

Curtis BosticOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: SC District: 01

Special Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2013

Transaction ID : SB23.I276

Amount of Each Disbursement this Period

1204.85

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JASON SMITH FOR CONGRESS

Mailing Address P.O. BOX 1324

City	State	Zip Code
CAPE GIRARDEAU	MO	63702

Purpose of Disbursement
INKIND CONTRIBUTION:EMAILS

Candidate Name

Jason SmithOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: MO District: 08

Special General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

Transaction ID : SB23.I277

Amount of Each Disbursement this Period

11.05

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. JASON SMITH FOR CONGRESS

Mailing Address P.O. BOX 1324

City CAPE GIRARDEAU State MO Zip Code 63702

Purpose of Disbursement
INKIND CONTRIBUTION:EMAILS

Candidate Name

Jason SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼
Special General

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2013

Transaction ID : SB23.I280

Amount of Each Disbursement this Period

122.72

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JASON SMITH FOR CONGRESS

Mailing Address P.O. BOX 1324

City CAPE GIRARDEAU State MO Zip Code 63702

Purpose of Disbursement
INKIND CONTRIBUTION:EMAILS

Candidate Name

Jason SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼
Special General

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2013

Transaction ID : SB23.I282

Amount of Each Disbursement this Period

10.84

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. QUIN HILLYER FOR CONGRESS

Mailing Address P.O. BOX 82314

City MOBILE State AL Zip Code 36689

Purpose of Disbursement
INKIND CONTRIBUTION:EMAILS

Candidate Name

Quin HillyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2013

Transaction ID : SB23.I278

Amount of Each Disbursement this Period

7.16

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Gender	Percentage
Male	0.00%
Female	0.00%

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. SHELLY AHLERSMEYER

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2013

Transaction ID : SB29.I346

Amount of Each Disbursement this Period

2500.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. SHELLY AHLERSMEYER

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2013

Transaction ID : SB29.I356

Amount of Each Disbursement this Period

2500.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. SHELLY AHLERSMEYER

Mailing Address 1690 S. WALNUT DRIVE

City WARSAW State IN Zip Code 46580

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2013

Transaction ID : SB29.I362

Amount of Each Disbursement this Period

2500.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

7500.00

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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. SHELLY AHLERSMEYER

Date of Disbursement

Transaction ID : SB29.I366

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

NON-CONTRIBUTION ACCOUNT

B. SHELLY AHLERSMEYER

Date of Disbursement

05 / 29 / 2013

Transaction ID : SB29.I371

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

NON-CONTRIBUTION ACCOUNT

C. SHELLY AHLERSMEYER

Date of Disbursement

Transaction ID : SB29.I380

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		17		2013

Transaction ID : SB29.I347

Amount of Each Disbursement this Period

4980.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2013

Transaction ID : SB29.I357

Amount of Each Disbursement this Period

4992.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		15		2013

Transaction ID : SB29.I360

Amount of Each Disbursement this Period

4994.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

14966.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City
SPRING CITYState
PAZip Code
19475Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2013

Transaction ID : SB29.I372

Amount of Each Disbursement this Period

4965.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. NADINE MAENZA

Mailing Address 315 FOXTAIL LANE

City
SPRING CITYState
PAZip Code
19475Purpose of Disbursement
PAC FUNDRAISING & MGMT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2013

Transaction ID : SB29.I378

Amount of Each Disbursement this Period

4965.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. ACTIVE ENGAGEMENT, LLC

Mailing Address 44084 RIVERSIDE PARKWAY, SUITE 350

City
LANSDOWNState
VAZip Code
20176Purpose of Disbursement
PAC EMAIL COMMUNICATION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2013

Transaction ID : SB29.I373

Amount of Each Disbursement this Period

1000.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10930.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Transaction ID : SB29.I324

Amount of Each Disbursement this Period

125.08

NON-CONTRIBUTION ACCOUNT

B. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2013

Transaction ID : SB29.I330

Amount of Each Disbursement this Period

29.78

NON-CONTRIBUTION ACCOUNT

C. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Transaction ID : SB29.I333

Amount of Each Disbursement this Period

6.77

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

161.63

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2013

Transaction ID : SB29.I338

Amount of Each Disbursement this Period

2.52

NON-CONTRIBUTION ACCOUNT

B. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2013

Transaction ID : SB29.I341

Amount of Each Disbursement this Period

47.74

NON-CONTRIBUTION ACCOUNT

C. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2013

Transaction ID : SB29.I318

Amount of Each Disbursement this Period

1850.34

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1900.60

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : SB29.I325

Amount of Each Disbursement this Period

977.01

NON-CONTRIBUTION ACCOUNT

B. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2013

Transaction ID : SB29.I331

Amount of Each Disbursement this Period

538.86

NON-CONTRIBUTION ACCOUNT

C. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2013

Transaction ID : SB29.I334

Amount of Each Disbursement this Period

118.72

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1634.59

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2013

Transaction ID : SB29.I336

Amount of Each Disbursement this Period

71.57

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2013

Transaction ID : SB29.I339

Amount of Each Disbursement this Period

314.98

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
NON-FEDERAL EMAIL COMMUNICATION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2013

Transaction ID : SB29.I353

Amount of Each Disbursement this Period

2174.41

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2560.96

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043Purpose of Disbursement
PAC DATABASE SERVICES/CAGING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District: 00		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2013

Transaction ID : SB29.I35333

Amount of Each Disbursement this Period

500.35

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043Purpose of Disbursement
PAC DATABASE SERVICES/CAGING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District: 00		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2013

Transaction ID : SB29.I363

Amount of Each Disbursement this Period

249.70

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043Purpose of Disbursement
NON-FEDERAL EMAIL COMMUNICATION

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District: 00		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2013

Transaction ID : SB29.I377

Amount of Each Disbursement this Period

1414.38

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2164.43

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. COLON & COMPANYMailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77026

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2013

Transaction ID : SB29.I345

Amount of Each Disbursement this Period

6000.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. COLON & COMPANYMailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77026

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2013

Transaction ID : SB29.I355

Amount of Each Disbursement this Period

6000.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. COLON & COMPANYMailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77026

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : SB29.I361

Amount of Each Disbursement this Period

6000.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

18000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. COLON & COMPANYMailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77026

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2013

Transaction ID : SB29.I367

Amount of Each Disbursement this Period

6000.00

NON-CONTRIBUTION ACCOUNT

B. COLON & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77026

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2013

Transaction ID : SB29.I370

Amount of Each Disbursement this Period

4500.00

NON-CONTRIBUTION ACCOUNT

C. COLON & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 3405 EDLOE STREET
SUITE 205A

City HOUSTON State TX Zip Code 77026

Purpose of Disbursement
PAC GRASSROOTS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2013

Transaction ID : SB29.I379

Amount of Each Disbursement this Period

6000.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. CUCCINELLI FOR GOVERNOR

Mailing Address 10560 MAIN STREET

City State Zip Code
FAIRFAX VA 22030Purpose of Disbursement
INKIND CONTRIBUTION:EMAILS

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District: 00		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2013

Transaction ID : SB29.I343

Amount of Each Disbursement this Period

1414.38

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CUCCINELLI FOR GOVERNOR

Mailing Address 10560 MAIN STREET

City State Zip Code
FAIRFAX VA 22030Purpose of Disbursement
INKIND CONTRIBUTION:EMAILS

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District: 00		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

Transaction ID : SB29.I358

Amount of Each Disbursement this Period

2273.37

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ELAVON MERCHANT SERVICESMailing Address ONE CONCOURSE PKWY
STE. 300City State Zip Code
ATLANTA GA 30328Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District: 00		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		02		2013

Transaction ID : SB29.I342

Amount of Each Disbursement this Period

52.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

52.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANT SERVICESMailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

Transaction ID : SB29.I351

Amount of Each Disbursement this Period

52.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. ELAVON MERCHANT SERVICESMailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : SB29.I359

Amount of Each Disbursement this Period

52.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. ELAVON MERCHANT SERVICESMailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2013

Transaction ID : SB29.I365

Amount of Each Disbursement this Period

52.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

156.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANT SERVICESMailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2013

Transaction ID : SB29.I369

Amount of Each Disbursement this Period

55.98

NON-CONTRIBUTION ACCOUNT

B. ELAVON MERCHANT SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address ONE CONCOURSE PKWY
STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2013

Transaction ID : SB29.I376

Amount of Each Disbursement this Period

55.98

NON-CONTRIBUTION ACCOUNT

C. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		10		2013

Transaction ID : SB29.I320

Amount of Each Disbursement this Period

38.74

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.70

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2013

Transaction ID : SB29.I321

Amount of Each Disbursement this Period

235.87

NON-CONTRIBUTION ACCOUNT

B. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		14		2013

Transaction ID : SB29.I326

Amount of Each Disbursement this Period

384.46

NON-CONTRIBUTION ACCOUNT

C. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2013

Transaction ID : SB29.I332

Amount of Each Disbursement this Period

223.23

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

843.56

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2013

Transaction ID : SB29.I335

Amount of Each Disbursement this Period

154.23

NON-CONTRIBUTION ACCOUNT

B. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2013

Transaction ID : SB29.I337

Amount of Each Disbursement this Period

197.46

NON-CONTRIBUTION ACCOUNT

C. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2013

Transaction ID : SB29.I340

Amount of Each Disbursement this Period

205.67

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

557.36

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. FOLEY & LARDNERMailing Address 3000 K STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
PAC LEGAL SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2013

Transaction ID : SB29.I349

Amount of Each Disbursement this Period

1980.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	09	/	2013

Transaction ID : SB29.I319

Amount of Each Disbursement this Period

96697.79

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2013

Transaction ID : SB29.I322

Amount of Each Disbursement this Period

72507.75

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

171185.54

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2013

Transaction ID : SB29.I323

Amount of Each Disbursement this Period

27627.26

NON-CONTRIBUTION ACCOUNT

B. INFOCISION

Full Name (Last, First, Middle Initial)

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

Transaction ID : SB29.I327

Amount of Each Disbursement this Period

49368.02

NON-CONTRIBUTION ACCOUNT

C. INFOCISION

Full Name (Last, First, Middle Initial)

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2013

Transaction ID : SB29.I328

Amount of Each Disbursement this Period

10151.86

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

87147.14

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2013

Transaction ID : SB29.I329

Amount of Each Disbursement this Period

24507.99

NON-CONTRIBUTION ACCOUNT

B. KOCH & HOOS LLC

Full Name (Last, First, Middle Initial)

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING/COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2013

Transaction ID : SB29.I354

Amount of Each Disbursement this Period

7313.39

NON-CONTRIBUTION ACCOUNT

C. KOCH & HOOS LLC

Full Name (Last, First, Middle Initial)

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING/COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2013

Transaction ID : SB29.I364

Amount of Each Disbursement this Period

5185.44

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

37006.82

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. KOCH & HOOS LLCMailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING/COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	29	/	2013

Transaction ID : SB29.I374

Amount of Each Disbursement this Period

4571.44

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. KOCH & HOOS LLCMailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ACCOUNTING/COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	14	/	2013

Transaction ID : SB29.I381

Amount of Each Disbursement this Period

3913.81

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. PATRIOT VOICES, INC.

Mailing Address P.O. BOX 247

City VERONA State PA Zip Code 15147

Purpose of Disbursement
DONATION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	16	/	2013

Transaction ID : SB29.I344

Amount of Each Disbursement this Period

90000.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

98485.25

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2013

Transaction ID : SB29.I350

Amount of Each Disbursement this Period

8.50

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2013

Transaction ID : SB29.I368

Amount of Each Disbursement this Period

25.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. PNC BANK

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2013

Transaction ID : SB29.I375

Amount of Each Disbursement this Period

9.00

NON-CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

42.50

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. THE COLONY PALM BEACH

Mailing Address 155 HAMMON AVENUE

City	State	Zip Code
PALM BEACH	FL	33480

Purpose of Disbursement
PAC CATERING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District: 00

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2013

Transaction ID : SB29.I352

Amount of Each Disbursement this Period

1245.50

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. US POSTAL SERVICE

Mailing Address 1100 WYTHE STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
PAC POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District: 00

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2013

Transaction ID : SB29.I348

Amount of Each Disbursement this Period

92.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1337.50

480782.58

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 63 OF 74

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FOLEY LARDNER LLPNature of Debt (Purpose):
LEGAL SERVICESMailing Address 3000 K Street, NW
SUITE 600City State Zip Code
Wshington DC 20007

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.605

Amount Incurred This Period

720.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

720.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HSP DirectNature of Debt (Purpose):
IE DIRECT MAILMailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450City State Zip Code
HERNDON VA 20171

Outstanding Balance Beginning This Period

1401.86

Transaction ID : SD10.600

Amount Incurred This Period

-1401.86

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HSP DirectNature of Debt (Purpose):
IE DIRECT MAILMailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450City State Zip Code
HERNDON VA 20171

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.601

Amount Incurred This Period

20377.27

Payment This Period

0.00

Outstanding Balance at Close of This Period

20377.27

1) **SUBTOTALS** This Period This Page (optional)..... ►

21097.27

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 64 OF 74

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CMDINature of Debt (Purpose):
EMAIL COMMUNICATION/DATABASE
SERVICESMailing Address 1593 SPRING HILL ROAD
SUITE 400City State Zip Code
TYSONS CORNER VA 22184

Outstanding Balance Beginning This Period

358.22

Transaction ID : SD10.602

Amount Incurred This Period

4060.75

Payment This Period

358.22

Outstanding Balance at Close of This Period

4060.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

INFOCISION MANAGEMENT CORPNature of Debt (Purpose):
IE TELEPHONE COMMUNICATION

Mailing Address 325 SPRINGSIDE DRIVE

City State Zip Code
AKRON OH 44333

Outstanding Balance Beginning This Period

9749.65

Transaction ID : SD10.603

Amount Incurred This Period

0.00

Payment This Period

9749.65

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

INFOCISION MANAGEMENT CORPNature of Debt (Purpose):
PAC TELEMARKETING

Mailing Address 325 SPRINGSIDE DRIVE

City State Zip Code
AKRON OH 44333

Outstanding Balance Beginning This Period

96697.75

Transaction ID : SD10.604

Amount Incurred This Period

0.00

Payment This Period

96697.75

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

4060.75

2) **TOTALS** This Period (last page this line number only)..... ►

25158.02

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

25158.02

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 65 OF 74
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00528307 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION NON-CONTRIBUTION ACCOUNT		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 01 / 09 / 2013 </div>
Mailing Address 325 SPRING DRIVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4874.83 </div>
City AKRON	State OH	
Purpose of Expenditure 10/24/12 TELEMARKETING	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 52902.24 </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Transaction ID : SB24.I050 </div>

Full Name (Last, First, Middle Initial) of Payee INFOCISION NON-CONTRIBUTION ACCOUNT		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 01 / 09 / 2013 </div>
Mailing Address 325 SPRING DRIVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4874.82 </div>
City AKRON	State OH	
Purpose of Expenditure 10/24/12 TELEMARKETING	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 52902.24 </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Transaction ID : SB24.I051 </div>

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9749.65 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenz

[Electronically Filed]

Signature

Date

07 / 03 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 66 OF 74
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00528307 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee CMDI [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y Y Y </div>	
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7.99 </div>	
City TYSONS CORNER	State VA	Zip Code 22184	Transaction ID : SB24.I053
Purpose of Expenditure EMAIL COMMUNICATION		Category/Type 	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: Curits Bostic		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 23.92		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special Runoff	

Full Name (Last, First, Middle Initial) of Payee CMDI [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y Y Y </div>	
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7.97 </div>	
City TYSONS CORNER	State VA	Zip Code 22184	Transaction ID : SB24.I052
Purpose of Expenditure EMAIL COMMUNICATION		Category/Type 	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: Curtis Bostic		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 23.92		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 67 OF 74
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00528307 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee CMDI [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date <div style="border: 1px solid black; padding: 2px;"> 04 / 01 / 2013 </div>
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount <div style="border: 1px solid black; padding: 2px;"> 7.96 </div>
City TYSONS CORNER	State VA	
Purpose of Expenditure EMAIL COMMUNICATION	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: Curtis Bostic		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Special Runoff</u>
<div style="border: 1px solid black; padding: 2px;"> 23.92 </div>		Transaction ID : SB24.I054

Full Name (Last, First, Middle Initial) of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date <div style="border: 1px solid black; padding: 2px;"> 06 / 12 / 2013 </div>
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="border: 1px solid black; padding: 2px;"> 1698.11 </div>
City HERNDON	State VA	
Purpose of Expenditure DIRECT MAIL	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District:
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Begich		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<div style="border: 1px solid black; padding: 2px;"> 1698.11 </div>		Transaction ID : SB24.I055

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza

Signature

[Electronically Filed]

Date

07 / 03 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 68 OF 74
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00528307 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 1698.11 </div>
City HERNDON State VA Zip Code 20171		
Purpose of Expenditure DIRECT MAIL	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:
Name of Federal Candidate Supported or Opposed by Expenditure: Dick Durbin		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)

Transaction ID : SB24.I056

Full Name (Last, First, Middle Initial) of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 1698.11 </div>
City HERNDON State VA Zip Code 20171		
Purpose of Expenditure DIRECT MAIL	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:
Name of Federal Candidate Supported or Opposed by Expenditure: Al Franken		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)

Transaction ID : SB24.I057

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza

[Electronically Filed]

Signature

 Date

M M M / D D D / Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 69 OF 74
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00528307 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date <div style="border: 1px solid black; padding: 2px;"> 06 / 12 / 2013 </div>
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="border: 1px solid black; padding: 2px;"> 1698.11 </div>
City HERNDON State VA Zip Code 20171		
Purpose of Expenditure DIRECT MAIL	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Pryor		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)

Transaction ID : SB24.I058

Full Name (Last, First, Middle Initial) of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date <div style="border: 1px solid black; padding: 2px;"> 06 / 12 / 2013 </div>
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="border: 1px solid black; padding: 2px;"> 1698.11 </div>
City HERNDON State VA Zip Code 20171		
Purpose of Expenditure DIRECT MAIL	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Reed		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)

Transaction ID : SB24.I059

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza

Signature

[Electronically Filed]

Date

07 / 03 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 70 OF 74
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00528307 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 06 / 12 / 2013 </div>	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1698.11 </div>	
City HERNDON	State VA		
Purpose of Expenditure DIRECT MAIL	Category/ Type 	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 	
Name of Federal Candidate Supported or Opposed by Expenditure: Jeanne Shaheen		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) 	

Transaction ID : SB24.I060

Full Name (Last, First, Middle Initial) of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 06 / 12 / 2013 </div>	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1698.11 </div>	
City HERNDON	State VA		
Purpose of Expenditure DIRECT MAIL	Category/ Type 	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 	
Name of Federal Candidate Supported or Opposed by Expenditure: Kay Hagan		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) 	

Transaction ID : SB24.I061

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 07 / 03 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 71 OF 74
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00528307 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2013</div> </div>	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1698.10</div>	
City HERNDON	State VA	Zip Code 20171	Transaction ID : SB24.I062
Purpose of Expenditure DIRECT MAIL	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	
Name of Federal Candidate Supported or Opposed by Expenditure: Mary Landrieu		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2013</div> </div>	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1698.10</div>	
City HERNDON	State VA	Zip Code 20171	Transaction ID : SB24.I063
Purpose of Expenditure DIRECT MAIL	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Merkley		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza

[Electronically Filed]

Signature

Date

07

03

2013

Full Name (Last, First, Middle Initial) of Payee HSP DIRECT		Date MM / DD / YYYY 06 / 12 / 2013	
[MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Amount 1698.10	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Transaction ID : SB24.I065	
City HERNDON	State VA	Zip Code 20171	
Purpose of Expenditure DIRECT MAIL	Category/ Type	Office Sought: <input type="checkbox"/> House State: NM <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Tom Udall		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought	1698.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 73 OF 74
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00528307 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee HSP DIRECT [MEMO ITEM] NON-CONTRIBUTION ACCOUNT		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 06 / 12 / 2013 </div>	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1698.10 </div>	
City HERNDON	State VA	Zip Code 20171	Transaction ID : SB24.I066
Purpose of Expenditure DIRECT MAIL		Category/ Type 	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Warner		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) 	

Full Name (Last, First, Middle Initial) of Payee HSP DIRECT [MEMO ITEM]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 06 / 24 / 2013 </div>	
Mailing Address 13755 SUNRISE DRIVE SUITE 450		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> -1401.86 </div>	
City HERNDON	State VA	Zip Code 20171	Transaction ID : SB24.I067
Purpose of Expenditure 10/12/12 DIRECT MAIL		Category/ Type 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9749.65 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9749.65 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 07 / 03 / 2013

: 97 'A-G79 @G B9CI G'H9LH'F9 @G H98 'HC'5 'F9DCFHŽG7 <98I @G 'CF' +H9A-N5HCB
.

Form/Schedule: SE

Transaction ID : SB24.1067

The Independent Expenditure to HSP Direct on 10/12/12 for direct mail in opposition to Barack Obama was orginally estimated to cost \$28,681.13 and was disclosed on the 2012 Pre-General report. The actual cost was \$27,279.27. Schedule E of this report has been reduced accordingly by \$1,401.86

Form/Schedule:

Transaction ID: